

Name  
in  
Full

Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Nicholson Farm.</u>		County <u>Kent.</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Apr.</u>	Day <u>8</u>	Age <u>Old</u>	Born <u>1866</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Nicholson Farm.</u>				
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>John Anderson</u>		Father's Birthplace			<u>3rd</u>
Mother's Maiden Name	<u>Eugenia Miller</u>		Mother's Birthplace			<u>4th</u>
Name of person giving information	<u>Rev. Anderson</u>		How relate to deceased			<u>Father</u>

CAUSES OF DEATH

③

PHYSICIAN  
OR CORONER

Primary

Solar. death.

How long

Immediate

Inson of cord.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Franklin Smith  
Garber  
3rd

Accident or Suicide?

D. Harry Ruipero

Name  
in  
Full

William E. Biggers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Bal	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Frances Isalson		
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Elowee Coleman				

CAUSES OF DEATH

39

PHYSICIAN  
OR CORONER

Primary	Cause of Death		How long
	Cancer of Lips		One year
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H G Sampers
		Address	Chesapeake, Md
Accident or Suicide?	No		

chester Cemetery  
Ferguson

Name  
in  
Full

See Kendall Brownan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	April	10	—	—	2 hours or less
Sex	Male	Color or Race	White	Birth-place	Rock Hall Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James A. Brownan				
Mother's Maiden Name	Mattice Webb				
Name of person giving information	James A. Brownan				
Father's Birthplace	Baltimore				
Mother's Birthplace	Kent Co.				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart disease				
Immediate	Asthma				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	Walter G. Kelly MD				
Address	Rock Hall, Kent Co.				
How long	12 hours				
How long	Question				
Accident or Suicide?					



Name  
in  
Full

Mrs. Martha R. Cradock

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Broad Neck</u>		Town <u>Kent</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>April</u>	Day <u>2.</u>	Years <u>84</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co. Md.</u>				
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Joseph Cradock</u>					
Father's Name <u>Jacob. Mackie</u>	Father's Birthplace <u>Virginia</u>					
Mother's Maiden Name <u>Rosemond. Dauch</u>	Mother's Birthplace <u>Virginia</u>					
Name of person giving information <u>Sarah. F. Ticker</u>	How related <u>daughter</u> to deceased <u>Stepson</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paraffynia

66

How long

4 Weeks

Immediate

Exstinction

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. W. Whalan M.D.  
Chesterfield Md.

Accident or Suicide?



Name  
in  
Full

Still Born Infant Givens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Bettontown		Town	County Kent		MARYLAND	
Date of death 1908	Month April	Day 25	Age —	Years —	Months —	Days —
Sex female	Color or Race Black	Birth-place m.d.				
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Fred Givens				Father's Birthplace Kent Co Md.		
Mother's Maiden Name Isabella Cotton				Mother's Birthplace Kent Co Md.		
Name of person giving Information Fred Givens.				How related to deceased father.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

DR. J. HORTON KELLEY  
STILL POND, MD.

Address

Accident or Suicide?

Lebemann

Elizabeth Harris

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
190	4	10	about 80			
Sex	Female		Color or Race	Black		
Occupation	servant		Where Residing if not at place of death	Hensley Harris		
Married, Single or Widowed			Name of Wife or Husband	Hensley Harris		
Father's Name	not known		Father's Birthplace	not known		
Mother's Maiden Name	not known		Mother's Birthplace	not known		
Name of person giving Information	Edward Harris		How related to deceased	Son		

## CAUSES OF DEATH

179

Primary

General debility

How long

Immediate

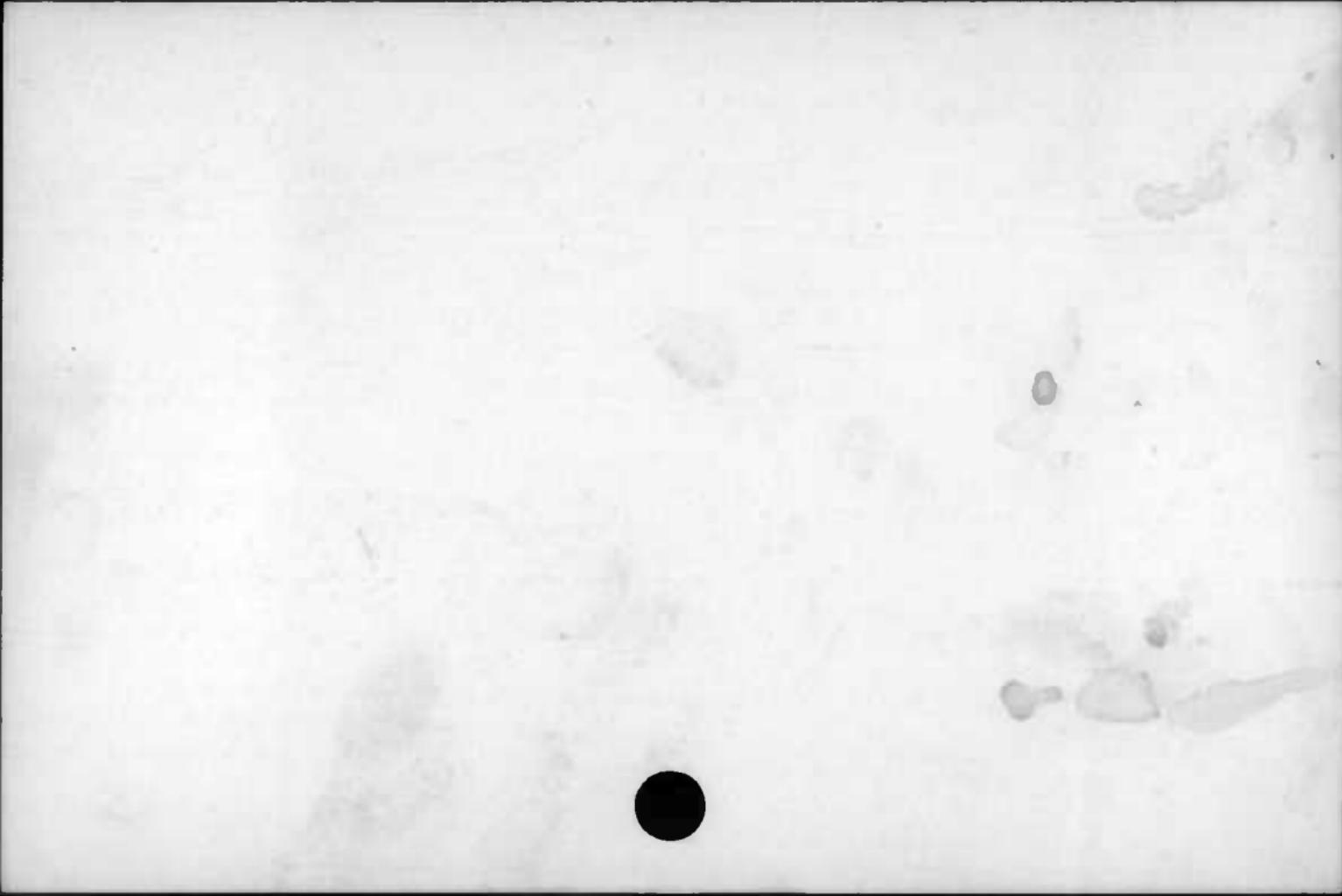
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at Newark		County Kent.		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
1908	Apr	1	63		3		
Sex	Color or Race	Birthplace					
Male	White	Antrim					
Occupation	Where Residing if not at place of death						
Farmer		Catherine J. Wood					
Married, Single or Widowed	Spouse		Name of Wife or Husband		Father's Birthplace		
Single	Vincent Hatchewon		Catherine J. Wood		Unknown		
Father's Name	Unknown		Unknown		Mother's Birthplace		
Mother's Maiden Name	Mary Leggery		Unknown		Unknown		
Name of person giving Information	Barney Hatchewon		Son		How related to deceased		

CAUSES OF DEATH

66

How long

" 2 hours

How long

" 2 days

PHYSICIAN  
OR CORONER

Primary

Complete Paralysis

Immediate

Convulsions

Are the name, age, sex, color, date  
and place correctly given above?

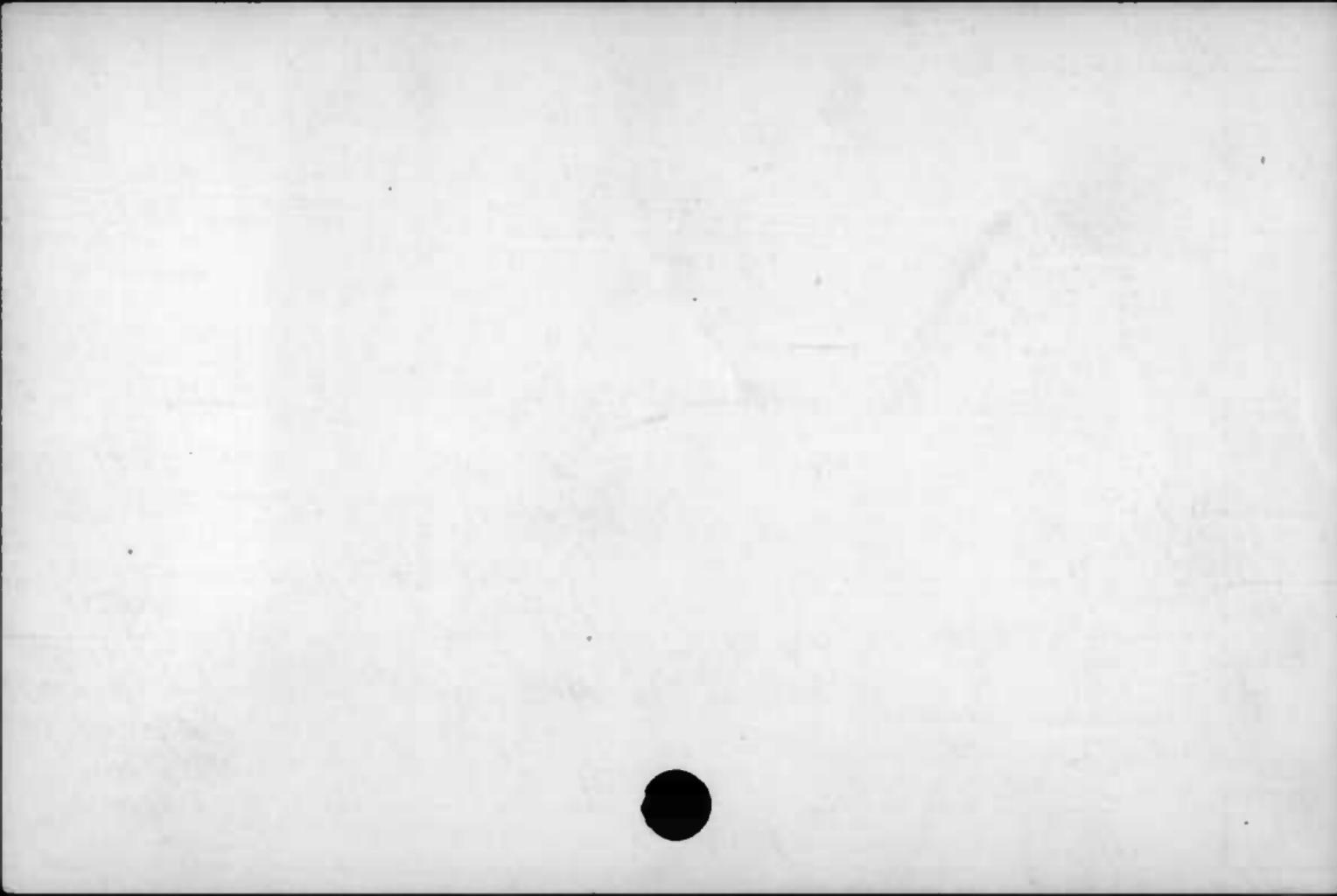
Yes

Signature of  
Physician

Address

Frank W. Gould  
Lansbury 3rd

Accident or Suicide?



Name  
in  
Full

Ann Peterson Hodges

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at		Chesterlton R.F.D.	Kent	Months	Days
Date of death	1908	Month Apr.	Day 13	Years Age 20	
Sex	Female	Color or Race	negro	Birth- place	Kent Co.
Occupation	House maid	Where Residing if not at place of death		Kent Co.	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Perry Hodges		Father's Birthplace	Kent Co	
Mother's Maiden Name	Julia Thomas		Mother's Birthplace	Tun Tun Co.	
Name of person giving Information	Perry Hodges		How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis  
Immediate As Thrice

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Frank B. Hines  
Chesterlton.

Address

Accident or Suicide?

no

Quaker Neck

Name  
in  
Full

Elizabeth-Catherin Mercer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month April	Day 12	Years 46	Months 2	Days 4	
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	House wife		Where Residing if not at place of death	at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Mercer		Father's Birthplace	Germany	
Father's Name	John H Heinefeld				Mother's Birthplace	Germany	
Mother's Maiden Name	Margret E Wiensholt				How related to deceased	Husband	
Name of person giving information	Henry Mercer						

CAUSES OF DEATH

Primary

Heart disease

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

79

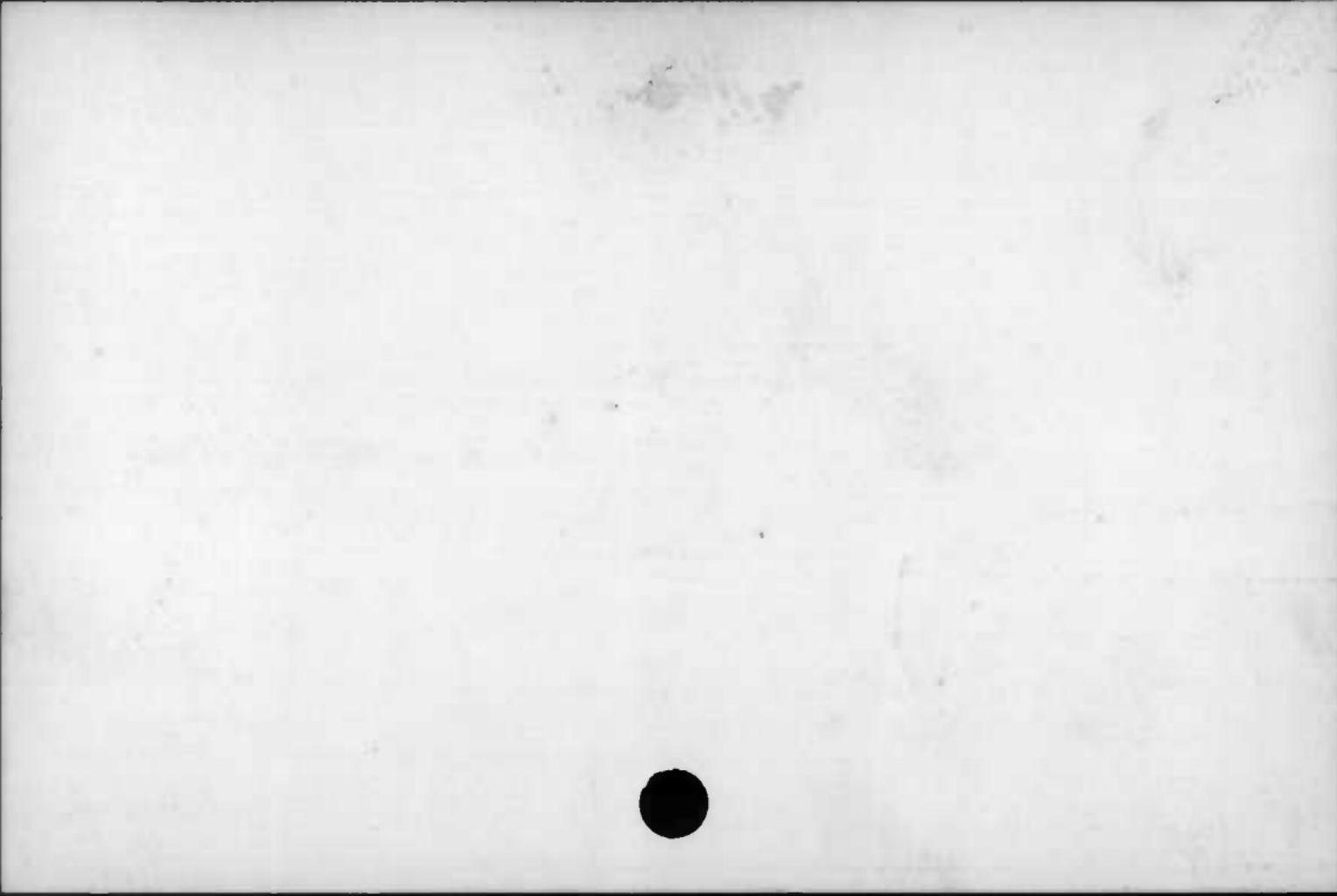
How long

8 days

How long

24 hours

Accident or Suicide?



Name  
in  
Full

Rudolph Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Albion		Dent			
Date of death	Month	Day	Years	3	Months	Days
1908	Apr	10	Age			
Sex	Male	Color or Race	Teal		Birth-place	Md
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harry Nichols					
Mother's Maiden Name	Anna Griffin					
Name of person giving Information	Mother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Broncho pneumonia		How long	or until
	Immediate	Asthenia		How long	several days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Simpers	
			Address	Albion	
	Accident or Suicide?	No			

Janes M. S.

Name  
in  
Full

George Washington Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at  
Rock Hall

County  
Kent

MARYLAND

Date  
of death 1908 Month April Day 23 Age 44 Months 4 Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Carpenter Place of death

Married, Single  
or Widowed  
Name of Wife or  
Husband

Where Residing if not  
at place of death

Father's  
Name William Parks

Father's  
Birthplace Md

Mother's  
Maiden Name Mabel Tong

Mother's  
Birthplace Ma

Name of person giving  
Information

How related  
to deceased

Alverda Rolerson

Wife

CAUSES OF DEATH

27

How long

Primary Phthisis Pulmonalis

6 months

Immediate Exhaustion

11 months

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

yes

H. H. Schwartz M.D.

Accident or Suicide?

no

Rock Hall  
Kent Co Md



Name  
in  
Full

Ann Rebecca Parrott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mrs. B. Parrott				
Father's Name	John Shelley		Father's Birthplace	U.S.		
Mother's Maiden Name	Susan Stanley		Mother's Birthplace	U.S.		
Name of person giving information	J. B. Parrott		How related to deceased	Son.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis of Brain.

Immediate Uremia.

Are the name, age, sex, color, date and place correctly given above?

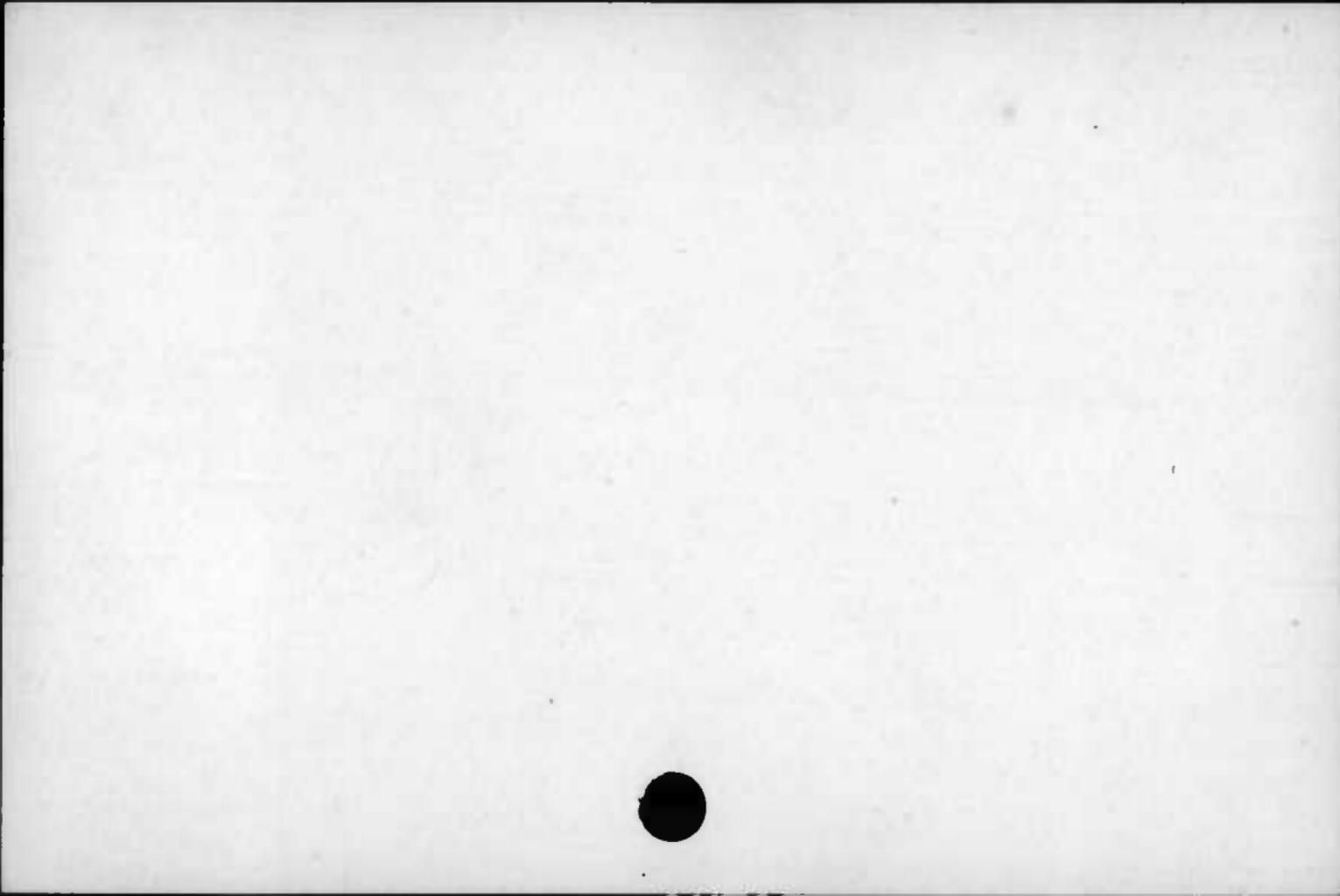
Yes.

Signature of Physician

Address

DR. J. HORTON KELLEY  
STILL POND, MD.

Accident or Suicide?



Name  
in  
Full

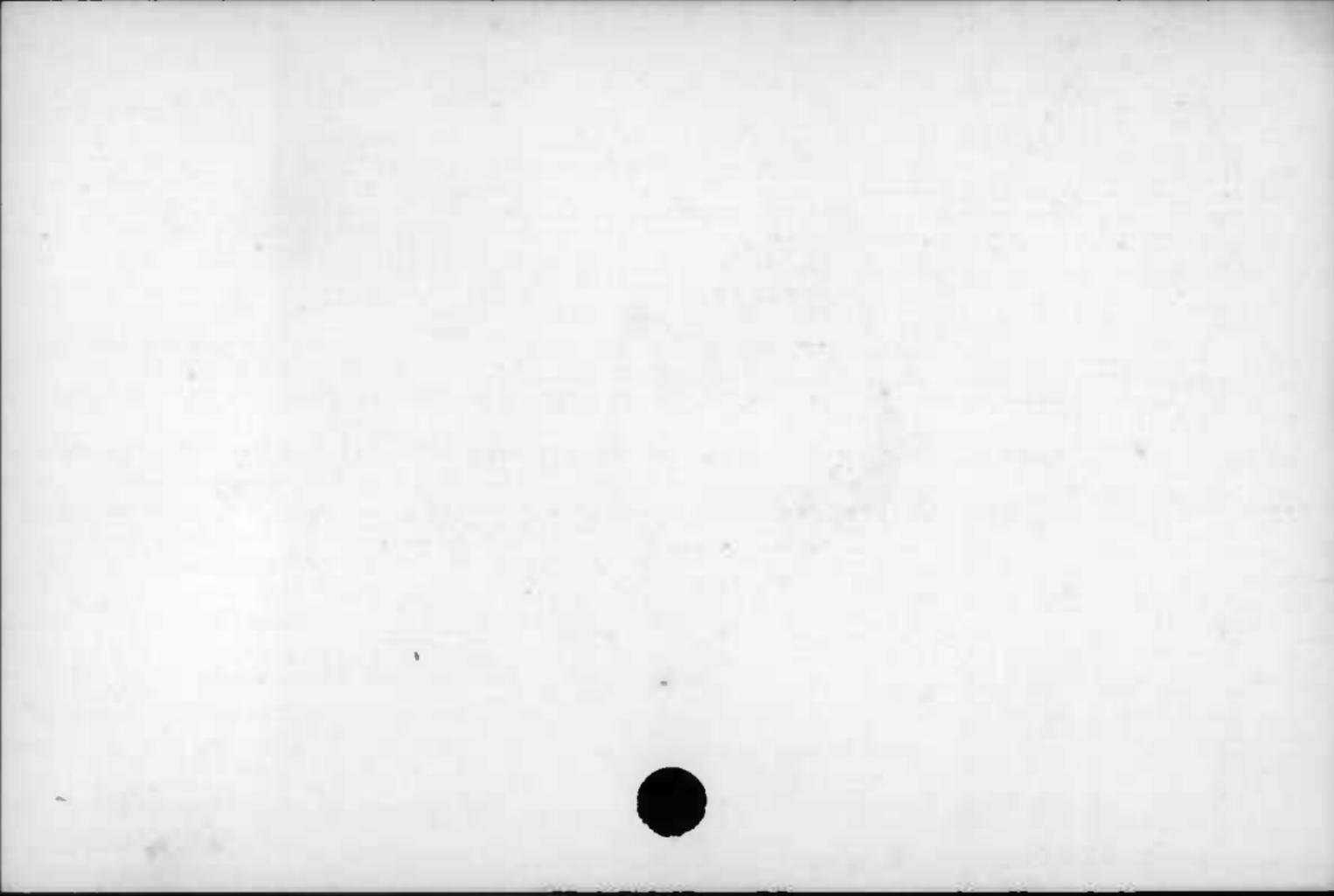
Joseph Pearson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Baltimore	Town	County	Kent	MARYLAND
Date of death	1908	Month	Day	Age	Years 76 Months Days
Sex	Male	Color or Race	White	Birth-place	Delaware
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown		
Father's Name	John Pearson		Father's Birthplace	Unknown	
Mother's Maiden Name	Don't know		Mother's Birthplace	" "	
Name of person giving information	J H Pearson		How related to deceased	Son	
CAUSES OF DEATH			93	How long	
Primary	Brachitis		Several weeks		
Immediate	Lobar Pneumonia		How long		3 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Wm Peter	
			Address	Millington, Md.	
Accident or Suicide?					



Name  
in  
Full

Joseph Wesley Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Norton Point

Town

County

MARYLAND

Date of death 1908 Month Aug. Day 13 Age 59. Years Months — Days —

Sex Male

Color or Race

Chinese

Birth-place

3rd

Occupation

Farm work

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Laosia, Washington

Father's Name

George Washington Phillips

Father's Birthplace

Md

Mother's Maiden Name

George Washington

Mother's Birthplace

Md

Name of person giving  
Information

Lorraine Phillips

How related  
to deceased

Wife

CAUSES OF DEATH

120

Primary

Intestinal Obstruction

How long

3 days

Immediate

Perforated Appendicitis

How long

6 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Franklin Smith  
San Jose  
3rd

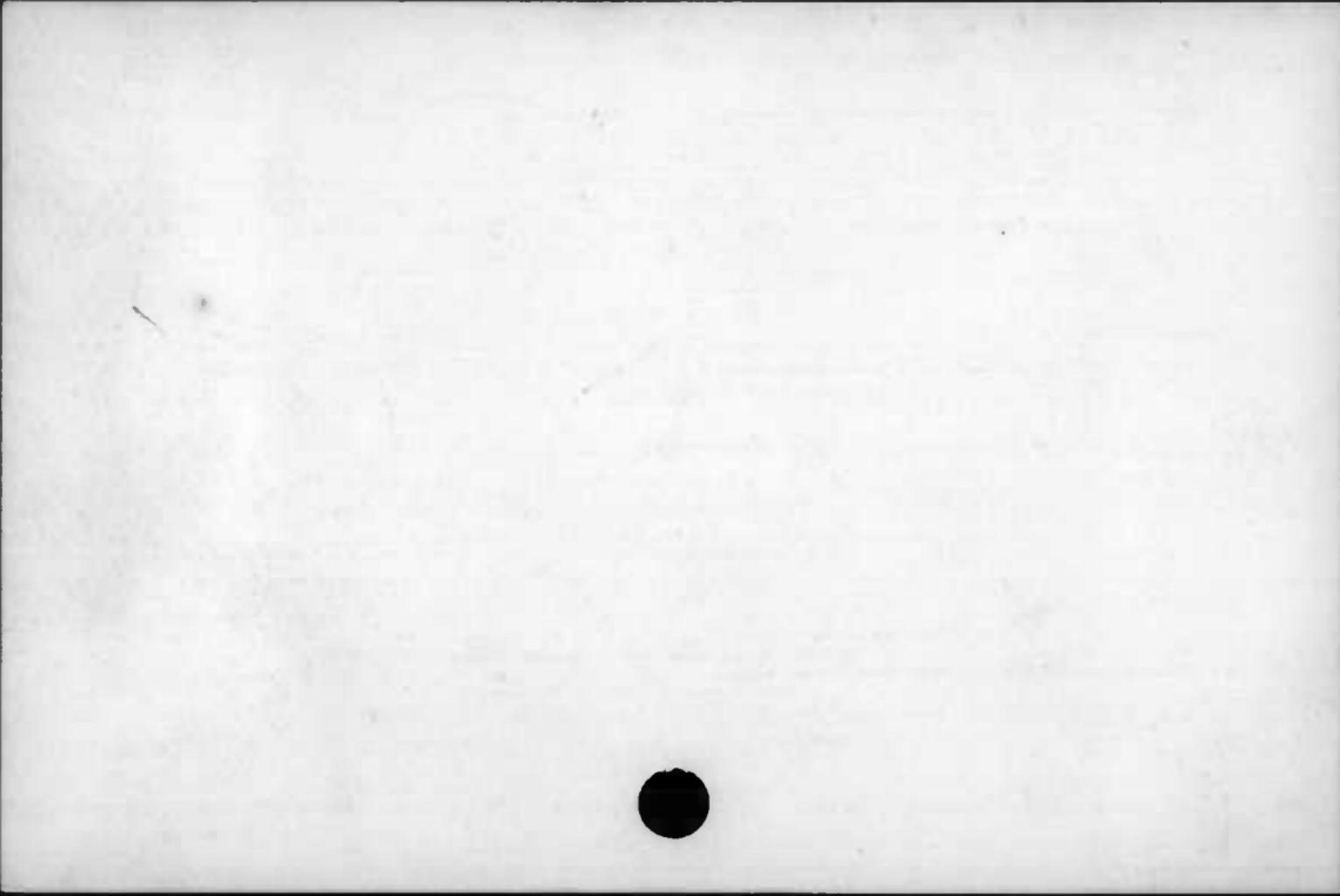
Accident or Suicide?

No.

~~Geo Phillips~~  
~~Carmina Phillips~~

Beviale in  
St. George's, County  
Near Woolton Point,





Name  
in  
Full

Annie Regine a Shine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marion</u> Town		County <u>Kent Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>10</u>	Years <u>28</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>	-
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Wm. P. Shine</u>	-			
Father's Name <u>Wm. D. Carter</u>			Father's Birthplace <u>Md.</u>	-	
Mother's Maiden Name <u>Mary Rosin</u>			Mother's Birthplace <u>Md.</u>	-	
Name of person giving Information <u>Wm. P. Shine</u>			How related to deceased <u>Husband</u>	/	

CAUSES OF DEATH

4

Primary	<u>Malaria</u>	How long <u>5 months</u>
	<u>Multiple Nervous Central and Respiratory Paralysis</u>	How long <u>6 weeks</u>
Immediate	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician <u>Harry L. Davis</u>	Address <u>Chestertown, Md.</u>
Accident or Suicide? <u>None</u>		

Still Pond

Name  
in  
Full

Nancy Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Coleman</u>			County <u>St. Mary's</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>April</u>	Day <u>27</u>	Age <u>40</u>	Years	Months <u>-</u>	Days <u>-</u>
Sex <u>female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>				
Occupation <u>Housenwife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of <u>Wife</u> Husband <u>Thomas Smith</u>					
Father's Name <u>Philip White</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Amanda Wilmer</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Thomas White</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's disease.

How long

one year.

Immediate

Heart failure.

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

W. S. Maxwell

Still Pond, Md.

Accident or Suicide?

Coleman. 7

Name  
in  
Full

Norman W. Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Butterdown</u>		County <u>Clarendon</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Apr</u>	Day <u>7</u>	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>Color</u>		Birth-place		<u>Md</u>
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Edward Warren</u>					Father's Birthplace
Mother's Maiden Name	<u>Polly Walker</u>					Mother's Birthplace
Name of person giving Information	<u>Father</u>					How related to deceased

CAUSES OF DEATH

151

How long

one week

How long

Primary

In an hour

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

ye

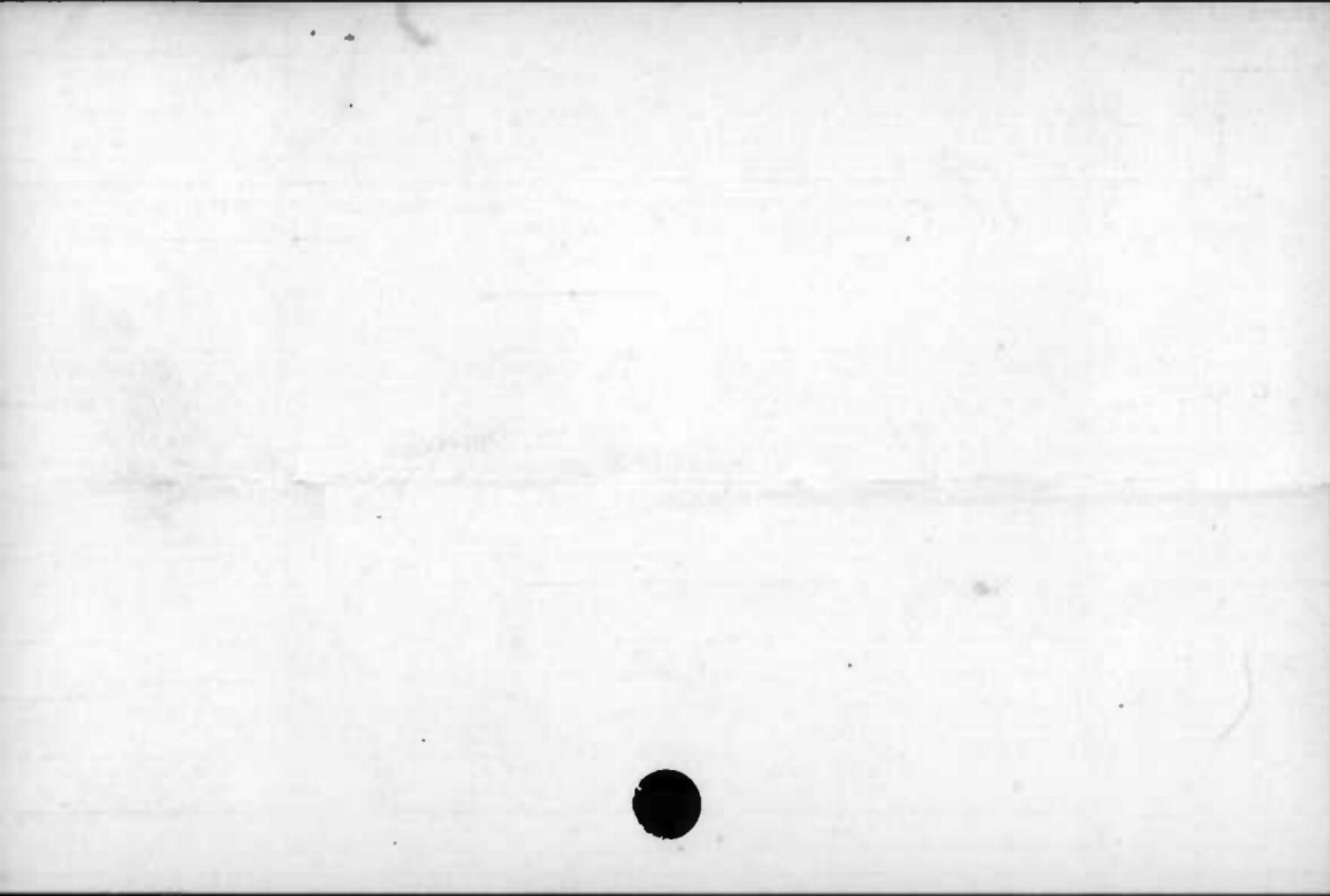
Signature of Physician

No. W. W. attending  
JFG Simpson Sec  
Local Board  
of Health Charleston

Address

Accident or Suicide?

No



Name  
in  
Full

Still Brook Infant Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Still Pond		Town Kent	County	MARYLAND		
Date of death 1908	Month April	Day 26	Years —	Months —	Days —	
Sex female	Color or Race Black	Birth- place Md	Where Residing if not at place of death			
Occupation —						
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Davis	Wilmer		Father's Birthplace Md			
Mother's Maiden Name Bertie	Brooks		Mother's Birthplace Md.			
Name of person giving Information Davis	Wilmer		How related to deceased father			

CAUSES OF DEATH

Primary

Still Bone.

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes,

Signature of  
Physician

W. S. Maxwell

Address

Still Pond, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Still Pond

Name  
in  
Full

James C Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place	Balt		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Evan C Wilson		Father's Birthplace	Md		
Mother's Maiden Name	Emma Johnson		Mother's Birthplace	Md		
Name of person giving information	Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bright		120	111 yrs
Immediate	Asthma		How long	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	red w/ attorney at time of death	
Yes		Address	114 Superior St Local Board of Health Chesterburn	
Accident or Suicide?				

Yairle